

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18917

State File No.

Registrar's No.

ED MAY 14 1943

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2409 Brown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 yrs years, months or days)

3. (a) PRINT FULL NAME Robert J. Ball

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-04-8591

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 1 M
6. (b) Name of husband or wife Louise Ball 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased July 6 1885 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 8 4 hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation salesman

11. Industry or business Bldg Material

12. Name Robert L. Ball

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

14. Maiden name Mrs. Ball

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Louise Ball

(b) Address 2409 Brown

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Anthony Funeral Home

(b) Address Overland

19. (a) MAY 12 1943 (b) C. J. McDevan, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2409 Brown Rd. (If rural, give location)
(e) Citizen of foreign country? No Yes or No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10, year 1943 hour 3 minute 5 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1935 to May 10, 1943
that I last saw him alive on May 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 8 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft 1

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature Phreda Green M.D. or other _____
Address 4500 Olive Date signed 5/10/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

05
24/43

MAY 24 1943

MAY 4 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Al. C. Calmann*

Licensed Embalmer No. *3478*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.